



Town of Rockland
Post Office Box 330
MASSACHUSETTS 02370
SEWER COMMISSION
Tel. (781) 878-1964
Fax (781) 871-1909

DRAINLAYERS APPLICATION

All drainlayers must have the following information before the Rockland Sewer Commission will review their application:

1. Application (fill in below)
2. Certificate of Insurance
3. Bond issued to the Town of Rockland in the amount of
\$1,000.00.
4. Three (3) letters of recommendation from other towns you are currently licensed with or have done work for.
5. Payment in the amount of \$200.00 payable to the Rockland Sewer Commission.

****Note: ALL LICENSES EXPIRE ON DECEMBER 31ST OF THE YEAR OF ISSUE****

***SEE ATTACHED REQUIREMENTS**

PLEASE PRINT OR TYPE

COMPANY: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

TELEPHONE NUMBER: _____

FED ID# _____

CONTACT PERSON(S): _____

Please return all information with this form as soon as possible to:

Rockland Sewer Department
P.O. Box 330
Rockland, MA 02370